

WELCOME TO EDGEWOOD

EDGEWOOD POLICE DEPARTMENT
Town Marshall Andrew Ellingwood

Parking Permit Request Form

Applicant Name: _____ Date: ____ / ____ / ____

Address: _____ Phone Number: _____

I am requesting authorization to park vehicles in front of residence at:

Address Number and Street

I am requesting the permit start at: _____ and end at: _____
Hour Hour

On: _____ Date: ____ / ____ / ____
Day of Week Date of Parking

Purpose of request: _____

I will regulate parking during the above date and times so that no driveways are blocked and traffic can pass on the street where vehicles are parked (Vehicles should not be parked on both sides of the street as to impede traffic flow). Vehicles violating this provision may be towed at my expense.

Signed: _____ Date: ____ / ____ / ____

Print and deliver this form to the Edgewood Police Department, 3405 Nichol Ave.

TO BE FILLED OUT BY TOWN PERSONNEL

Parking Permission is: Approved Rejected

This parking permit is valid only on this date: ____ / ____ / ____

Authorized Signature: _____

